

## **VA/DoD Clinical Practice Guideline for Ischemic Heart Disease (IHD)**

### **NON ST-SEGMENT ELEVATION MI OR UNSTABLE ANGINA (MODULE B) KEY POINTS**

- Ensure emergency intervention
- Assess the short-term risk of death or MI
- Admit to appropriate level of care
- Initiate antithrombotic and antiplatelet therapy as indicated
  - (ASA, heparin, enoxaparin, GP IIb/IIIa, clopidogrel)
- Refer to urgent angiography, if indicated
- Consider non-invasive evaluation (cardiac stress test and LV function) in patients not undergoing angiography
- Initiate ACE inhibitor therapy
- Ensure pharmacologic therapy for ischemia, angina, and CHF
- Discharge patient to home with appropriate follow-up.

**The distinction between acute MI (STEMI or LBBB) and UA and NSTEMI is important!**

- Immediate reperfusion, with either primary angioplasty or thrombolytic agents, has been shown to reduce mortality in patients with STEMI or LBBB MI
- **The use of thrombolytics may be potentially harmful in UA and NSTEMI**

### NON-INVASIVE EVALUATION (CARDIAC STRESS TEST)

Unless cardiac cath is indicated, completed or planned, non-invasive evaluation should be performed to:

- **Establish or confirm a diagnosis of ischemic heart disease**
  - ◊ Is most useful if the pre-test probability of CAD is Intermediate (10% to 90%)
  - ◊ Should generally not be done in patients with very high and very low probabilities of CAD
- **Assess the effects of therapy**

*Patients with contraindications to exercise testing  
should undergo testing with an imaging modality*

VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm>  
DoD access to full guideline: <http://www.QMO.amedd.army.mil>

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